

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	ALS	ID NO.	DATE
FEE DETERMINATION	<i>h</i>	<i>h</i>	<i>12/22</i>
O.I.P.E. CLASSIFIER	<i>SS</i>	<i>JC87</i>	<i>03-29-0</i>
FORMA			
RESPO	<i>To</i>		

1744

INDEX OF CLAIMS

Rejected N
 Allowed I
 Canceled A
 Restricted O

Non-elected
 Interference
 Appeal
 Objected

APPLICANTS

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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